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Analysis: An introduction to ethical concepts

Duty

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Duty is at once both the most sombre and the most sublime of the ethical concepts. We think it sombre because (as Daniel Webster somewhere remarks) we cannot really avoid the fact that, like the God of the Psalmist, a sense of duty pursues us forever; and we think it sublime because we somehow sense the ultimate truth of Shakespeare's[1] words:

> For never anything can be amiss,
> When simpleness and duty tender it.

A good case can be made for believing that the willingness to act in accord with the constraints of duty is the single most important feature of the moral life and that our first obligation is to seek and accept those various duties which lay a rightful claim upon us. If this is so, then the principle of duty, or conscientiousness, is precisely what Immanuel Kant claimed it to be: the supreme principle of morality.

Basic conceptions of duty

It is important to note that the concept of duty is open-textured; there are, in fact, several overlapping and often loosely defined conceptions of duty; it is important to distinguish between them in order to avoid confusions generated by equivocation. Accordingly, I shall call attention to three important uses to which 'duty' is often put in moral deliberation.

The first use has a tradition extending to the ancient Stoic philosophers and has remained a popular conception ever since. When the Stoics spoke of duties (*officia*), they had in mind those actions which were the most appropriate and fitting to the occasion; and they insisted that because we *ought* always to do whatever is the most appropriate, it is our *duty* to do so.

This conception of duty is a wide one which virtually equates duty with morality in general. Such wide definitions have their place, but they also have disadvantages; just as the general utility of a pocket knife considerably lessens its value to the surgeon who requires more specialised tools with less general utility, so moral reasoning is sometimes poorly served by wide concepts not easily turned to specialised functions.

One drawback to understanding duty, as being what we ought to do, is that when it is conceived of in this general way then, for example, the judgment 'It is my duty never to neglect my patients' means the same as 'I ought never to neglect my patients'. It follows from this that we cannot without begging the question refer to our duty as the reason why we ought not to neglect patients under our care—because 'duty' and 'ought' are in this case defined simply in terms of one another.

Recently, several moral philosophers have argued for the wisdom of restricting the use of 'duty' to those many requirements which arise out of our offices and stations in society. Such rôles entail certain responsibilities, and to discharge our duty is precisely to fulfil just these responsibilities. One advantage of this second conception of duty is that, unlike the first, it allows duty to be used to justify our moral decisions: the fact that it is, as defined by the nature of her station, a nurse's duty to be faithful to her patients is an important reason (but not necessarily a sufficient one) for believing that she ought not to neglect them even under adverse circumstances.

There is, however, a price to be paid for this advantage: clearly, not all duties generated by our stations in life ought to be honoured; and so, to know of some act that it is a duty in this second sense is not yet to know that it, in fact, ought to be done at all. The physician who sees that his duty as a physician requires devoting long hours to his practice, while his duty as a husband and father suggests that he ought to spend more time with his family, cannot resolve his dilemma by deciding to do his duty.

The third point of view conceives of duty in an essentially negative way: a life lived in accord with duty demands only that we do no wrong; so long as we do no wrong, whatever we choose to do is consistent with dutiful conduct. In this view, duty acts only as a constraint which forbids certain acts and strategies, usually on the grounds that they are gratuitously harmful or essentially unfair. On this view, what we ought to do with our lives is, in general, not a question of duty and is determined for the most part by considerations not directly related to morality at all.

Given this third conception of duty, a nurse might well distinguish between the sort of devoted service which duty demands and the many instances

of devotion which she offers, not because duty requires, but because she wants to offer them. She might, too, attempt to ascertain just how much she must give in order not to wrong her patients; and then, having made that decision, refuse to fault herself so long as she gives at least that much to them.

Negative and positive duties

The three conceptions of duty, to which I have called attention, share at least one characteristic: in each case 'duty' gains its force by being contrasted with inclination. Appeals to duty almost always involve an insistence that the action in question ought to be done regardless of the agent's inclinations, and a 'duty' which could be ignored at will would be no duty at all. But although necessity is in this way a feature of all duty, most people have felt that our duties do not all make the same kind of claim upon us and do not all possess the same kind of stringency. As a result, moralists have divided and subdivided the concept of duty, distinguishing, in many ways, several modes of duty.

The literature speaks often of the relative strictness of negative as opposed to positive duties. Thomas Aquinas[2] argued that negative precepts bind always and everywhere, while positive precepts are to be heeded at appropriate times, in appropriate places, and in an appropriate manner. While the precept, 'Do not harm the sick' is heeded by perpetually refraining from harmful acts, the rule, 'Seek your patient's good' is discharged not perpetually, but at specific times and in specific ways according to conscientious judgment.

The upshot is that while negative duties are usually discharged by doing nothing at all and rarely demand much critical judgment, the discharging of positive duties requires much careful and conscientious attention; negative duties are either honoured or violated, but positive duties are not so much honoured as they are cultivated, not so much violated as they are neglected. In contemporary medical ethics the distinction has come to play an important (if sometimes confused) rôle, especially in controversies such as that of whether or not mercifully letting a patient die is a violation of the negative precept, 'Thou shalt not kill'.

Perfect and imperfect duties

Closely related to this distinction is the division of duties into those of perfect and of imperfect obligation. The literature on this question is a mare's nest of confusions, and the terms are used to mark several different distinctions; but usually, in one way or another, imperfect obligations are those which are claimed to lack something of the character of absolute obligations; they are not, as it were, perfected.

I shall discuss here only one use of imperfect obligation. Moralists often speak of obligations which can be discharged according to the agent's own discretion and contrast such obligations with those which do not allow any such discretion. The duty of benevolence is said to be one which must be discharged but can be discharged according to the agent's choice with respect to time, amount, and recipient. This is in contrast to duties of justice, which allow no such discretion.

The problem is that this modification threatens to dissolve duty altogether—a duty which can be ignored at will is really no duty at all. But I think that what moralists really have in mind is something remarkably similar to what anthropologists like Marshall Sahlins[3] call 'generalised reciprocity', a relationship which characterises most of our friendly and non-contractual associations.

In point of fact, most of our mutual rights and duties are generalised rather than specific: we put ourselves out for one another and we expect that others will do the same in return (if not for us, then for someone else), but we keep no ledgers of these reciprocal services; instead, we depend upon the good will of our neighbours to protect us from exploitation. In these relationships of generalised reciprocity we sense our obligation to one another; but we know, too, that it is left to us to decide responsibly and conscientiously how and when we repay the kindnesses shown us by others. We respond in turn, but rarely by returning exactly what we received. The result is (as the relationship fully intends) that the line between repayment and gift is effectively blurred.

Related to the notions of imperfect obligation and generalised reciprocity is the politically and religiously inspired conception of covenant. William F May[8] has argued eloquently and persuasively that modern medical ethics is defective in part because it is based too narrowly upon impersonal and contractual notions of obligation and not sufficiently upon recognition that medical personnel are bound to their patients as much by what they have freely received in the past from their fellows and. their common tradition, as by their contractual obligations.

Covenant is based upon this recognition of past grace and, as a response, proposes a continuing relationship of mutual service. Covenants are quite unlike contracts. Contracts are made and discharged for mutual advantage. Covenants are based upon obligations generated by past relationships and have a 'gratuitous, growing edge' which continually creates future relationships. I think that the genuine depth of an adequate medical ethic may well be found precisely in the recovery and free acceptance of this ancient relationship of covenant—a relationship which gives rise to duties which usually can be specified only very imperfectly and often cannot be codified at all.

Duties of vocation

Western moral thought has always insisted that the basic duties are shared by all: whatever is a duty for one is also, by the parity of reason, a duty for everyone else in relevantly similar circumstances. Many moralists, both religious and secular, have felt that such universally binding moral rules do not adequately recognise the unique gifts and skills which characterise each individual, and have therefore proposed that in addition to our basic duties there are also duties specific to particular individuals and groups of people: duties which are generated by character and are not universal, and as such cannot be described adequately in general terms.

Dorothy Emmet[5] has discussed the concept of vocation already in these pages, and so I will refrain from saying more here; but it should be noted that the notion of vocational duties based upon unique features of the individual is (except when based upon certain specifically religious premises) a decidedly precarious one, and perhaps the need for it is not so real as has sometimes been imagined: one need not be duty-bound to develop and utilise one's gift in order to have good reason to do so. Nevertheless, the need to develop our potential often feels very much like the sense of duty. It is not uncommon for candidates applying to medical schools to say that they feel that they *must* become physicians in order to exercise, for the good of humanity, the talents which they have been given.

The limits of duty

I have suggested that the principle of duty ought to be accepted as the supreme principle of morality. Now I want to suggest that it is equally important to recognise that there are limits beyond which the constraints of duty ought not to be allowed to go. One should remember that immediately after Theseus praises duty in the words already quoted from *A Midsummer Night's Dream* Hippolyta replies:

> I love not to see wretchedness o'ercharged,
> And duty in his service perishing.

When too much is demanded, duty perishes. Consider the physician who because of the nature of his work is the last resort for many people whose lives he nonetheless is unable to save. The stress built into his situation is inevitably heavy. It may well become unbearable if the physician also suffers false feelings of guilt, believing that somehow he has failed to do his duty. In fact, he has not; and it is important that he should know so. It is never our duty to do what we cannot do; duty is often difficult, but it is never impossible.

Or consider those people who are conscientious in doing their duty but timid in claiming their rights. Such people are often exploited, but they seldom genuinely accept this consequence of their timidity. Instead, they become resentful; and their resentment eventually colours everything they do. That resentment, if not relieved, finally becomes the debilitating and invidious *ressentiment* which Nietzsche so vividly portrayed. The result is a deadly and ugly moral paralysis very unlike the noble vitality of genuinely dutiful life.

A proper sense of obligation is a noble possession, but a misplaced sense of obligation imposes a terrible tyranny. A good man, then, does not neglect his duties; but a wise man knows that there is more to life than morality and more to morality than duty.

References

[1]Shakespeare, William (1546). *A Midsummer Night's Dream*, Act V sc. 1. Several editions.

[2]Aquinas, Thomas (1272). *Summa Theologiae*, 2a2ae.33.2. Several editions.

[3]Sahlins, Marshall (1972). *Stone Age Economics*, pp. 191–196. London: Tavistock Publications.

[4]May, William F (1977). Code and covenant or philanthropy and contract? In Curran, William J *et al.*, (Eds.) *Ethics in Medicine: Historical and Contemporary Concerns*, pp 65–76. Cambridge, Massachusetts: The M. I. T. Press.

[5]Emmet, Dorothy (1978). Vocation. *Journal of Medical Ethics* **4**: 146–147.